

## Foster Family Home - Corrective Action Report

Provider ID: 4-170095

Home Name: Mariejoy A. Viloria, CNA

Review ID: 4-170095-2

258 Ani Street

Reviewer: Angel England

Kahului HI 96732

Begin Date: 2/14/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home inspection for a 2 bed recertification inspection survey. Corrective action report issued with a written plan of correction due to CTA by 3/14/19.

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.a.1 CG#1 and CG#2's second set of fingerprints lapsed. Were due on/before 2/1/19. No 2019 fingerprints present.

### Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.8 CPR/1st aide lapsed for CG#1 - was due on/before 9/8/18 and was done 1/31/19.  
Blood Borne pathogen training lapsed for CG3 - was due on/before 9/5/18 and was done 9/11/18.

41.c In-service training hours were done through employers online course. There is no employer/HR signature to verify the hours and courses taken. CG#2

### Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 No RN delegation present for any caregiver for Client #2.

## Foster Family Home - Corrective Action Report

**Foster Family Home**

**Fire Safety**

**[11-800-46]**

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a No fire drills conducted in evening and night hours present.

**Foster Family Home**

**Client Rights**

**[11-800-53]**

53.(b)(3) Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges;

Comment:

53.b.3 The contract present in Client #2's record does not state what the CCFFH home charges are for services.

**Foster Family Home**

**Records**

**[11-800-54]**

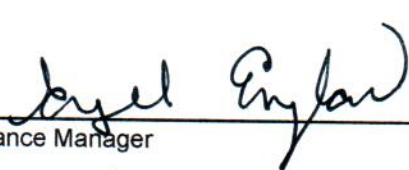
54.(c)(1) Client's vital information;

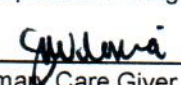
54.(c)(5) Medication schedule checklist;

Comment:

54.c.1 There is no code status listed on client #2's vital information sheet.

54.c.5 Client #2 is being given a lower dose of a medication. No written orders present in record. CG#1 states verbal orders were obtained by RN case manager. No record of verbal orders present in record.

  
Compliance Manager

  
Primary Care Giver

2/14/19  
Date

2/14/19  
Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: MATUEJOY VILORIACCFFH Address: 256 Ani St. Kahului, Maui HI. 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	• I have Obtained a Current Fingerprinting of CG#1 and CG#2 and placed in my Binder	2/22/2019	• I have made list of my items with expiration dates like APS/CAN, TB, BSBP & CPR for all CG's. I will review it every month to prevent any future lapse.
41.b.8	• CG#1 and CG#3 Lapsed not be corrected	2/16/2019	• I will review every month and I will put a reminder in my Daily Planner Book. to prevent any future lapse.
41.c	• In-Service Training completed and signed by CG#2 Supervisor and placed in my Binder	2/19/2019	• Monitor upcoming In-Service training of CG#2 and all CG's. If completed, make reminder list to all CG's that form to be copied and signed by supervisor.
• 46.a	Performed and Completed Monthly Fire Drill for Evening and Night.	2/21/2019	• Monthly Fire Drill Guidelines updated & Schedule made available for all CG's. monthly schedule posted in Clients Rooms (White Board) to remind all CG's.

Primary Caregiver's Signature: *Viloria*Print Name: MATUEJOY VILORIADate of Signature: 3/21/2019

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: MARIEJOY VILORIA

CCFFH Address: 258 Pmi St. Kahului, Maui HI. 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.C.3	• Obtained Delegation Form from Agency & CMA, placed in Client#2 Record.	2/22/2019	• CG#1 will notify Agency & CMA that RN Delegation needs to be performed upon Admission. CG's to review & CMA to update & review every visit.
53.b.3	Client#1 Contract made & both parties, placed in Client#1 Record.	2/22/2019	• CG#1 Review all documents/contract before client move in to FHCG. Contract must be signed & well explain in details before Admission or upon admission to family.
54.C.1	CS of Client#2 made Current updated and placed in Client#2 Record.	2/22/2019	• Coordination w/ CMA along PMA / client#2 & CG#1 in completion CS. CG's to review all documents & approve of Client's status
54.C.5	Client#2 Medication - ordered & verified by APRN.	2/20/2019	• New Medication Order received should be written in P.C or Progress note & signed by Dr / APRN / CMA.

Primary Caregiver's Signature: *Mariejoy Viloria*Print Name: MARIEJOY VILORIADate of Signature: 3/21/2019